

|                         |             |
|-------------------------|-------------|
| SERIAL NO.<br>10/010926 | FILING DATE |
| APPLICANT(S)            |             |

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      | CLAIMS |   |
|--------------|----------|------|------------------------|------|------------------------|------|--------|---|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. | *      | * |
| 1            | /        |      |                        |      |                        |      |        |   |
| 2            | X        | X    |                        |      |                        |      |        |   |
| 3            | /        |      |                        |      |                        |      |        |   |
| 4            | /        |      |                        |      |                        |      |        |   |
| 5            | /        |      |                        |      |                        |      |        |   |
| 6            | /        |      |                        |      |                        |      |        |   |
| 7            | X        | X    |                        |      |                        |      |        |   |
| 8            | /        |      |                        |      |                        |      |        |   |
| 9            | /        |      |                        |      |                        |      |        |   |
| 10           | /        |      |                        |      |                        |      |        |   |
| 11           | /        |      |                        |      |                        |      |        |   |
| 12           | /        |      |                        |      |                        |      |        |   |
| 13           | /        |      |                        |      |                        |      |        |   |
| 14           | /        |      |                        |      |                        |      |        |   |
| 15           | /        |      |                        |      |                        |      |        |   |
| 16           | /        |      |                        |      |                        |      |        |   |
| 17           |          |      |                        |      |                        |      |        |   |
| 18           |          |      |                        |      |                        |      |        |   |
| 19           |          |      |                        |      |                        |      |        |   |
| 20           |          |      |                        |      |                        |      |        |   |
| 21           |          |      |                        |      |                        |      |        |   |
| 22           |          |      |                        |      |                        |      |        |   |
| 23           |          |      |                        |      |                        |      |        |   |
| 24           |          |      |                        |      |                        |      |        |   |
| 25           |          |      |                        |      |                        |      |        |   |
| 26           |          |      |                        |      |                        |      |        |   |
| 27           |          |      |                        |      |                        |      |        |   |
| 28           |          |      |                        |      |                        |      |        |   |
| 29           |          |      |                        |      |                        |      |        |   |
| 30           |          |      |                        |      |                        |      |        |   |
| 31           |          |      |                        |      |                        |      |        |   |
| 32           |          |      |                        |      |                        |      |        |   |
| 33           |          |      |                        |      |                        |      |        |   |
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| 36           |          |      |                        |      |                        |      |        |   |
| 37           |          |      |                        |      |                        |      |        |   |
| 38           |          |      |                        |      |                        |      |        |   |
| 39           |          |      |                        |      |                        |      |        |   |
| 40           |          |      |                        |      |                        |      |        |   |
| 41           |          |      |                        |      |                        |      |        |   |
| 42           |          |      |                        |      |                        |      |        |   |
| 43           |          |      |                        |      |                        |      |        |   |
| 44           |          |      |                        |      |                        |      |        |   |
| 45           |          |      |                        |      |                        |      |        |   |
| 46           |          |      |                        |      |                        |      |        |   |
| 47           |          |      |                        |      |                        |      |        |   |
| 48           |          |      |                        |      |                        |      |        |   |
| 49           |          |      |                        |      |                        |      |        |   |
| 50           |          |      |                        |      |                        |      |        |   |
| TOTAL IND.   | 3        |      |                        |      |                        |      |        |   |
| TOTAL DEP.   | 11       |      |                        |      |                        |      |        |   |
| TOTAL CLAIMS | 14       |      |                        |      |                        |      |        |   |

|              |   |   |   |
|--------------|---|---|---|
|              | * | * | * |
| 51           |   |   |   |
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| 99           |   |   |   |
| 100          |   |   |   |
| TOTAL IND.   |   |   |   |
| TOTAL DEP.   |   |   |   |
| TOTAL CLAIMS |   |   |   |